2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P02000058789

Entity Name: MELVIN C. MORGENSTERN, P.A.

Current Principal Place of Business:

9400 S. DADELAND BOULEVARD
600
CORAL GABLES, FL 33156

New Principal Place of Business:

439 HARDEE ROAD
CORAL GABLES, FL 33146

Current Mailing Address:

PO BOX 144616
CORAL GABLES, FL 33114

New Mailing Address:

439 HARDEE ROAD
CORAL GABLES, FL 33146

FEI Number: 81-0555824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORGENSTERN, MELVIN C
9400 S. DADELAND BOULEVARD
600
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

MORGENSTERN, MELVIN C
439 HARDEE ROAD
CORAL GABLES, FL 33146 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MELVIN C. MORGENSTERN 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: MORGENSTERN, MELVIN C ESQ
Address: 9400 S. DADELAND BOULEVARD - #600
City-St-Zip: CORAL GABLES, FL 33156

Title: M (X) Delete
Name: MORGENSTERN, NANCY U
Address: 439 HARDEE ROAD
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: MORGENSTERN, MELVIN C
Address: 439 HARDEE ROAD
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVIN C. MORGENSTERN PTSD 04/30/2009
Electronic Signature of Signing Officer or Director Date